REMARKS

Favorable reconsideration is respectfully requested in view of the foregoing amendments and following remarks.

Claims 1-13 and 16-18 are cancelled without prejudice. New claims 19- 42 are added and are supported by original claims 2-13.

Turning to the Official Action, the rejection of claim 18 under 35 U.S.C. §112, second paragraph, is deemed to be overcome with the cancellation of claim 18.

Claims 1-14 are rejected under 35 U.S.C. §102 as being anticipated by WO 97/37688.

In addition, claims 1-4 and 10-14 are rejected under 35 U.S.C. §102 as being anticipated by U.S. 5,332,831 or WO 94/11369 or Chemical Abstracts (CA) 127:39817, or CA 125:25882 or CA 119:62704.

Further, claims 1-7 and 14 are rejected under 35 U.S.C. §102 as anticipated by U.S. 6,248,729.

Regarding claims 1-13, these grounds of rejection are overcome by cancellation of the rejected claims.

Regarding claim 14, this ground of rejection is respectfully traversed.

The above amended method claims are patentably distinguished from the references relied upon by the Examiner.

That is, the "method for preventing recurrence of cerebrovascular disorder" of claim 14 is clearly distinguished from the "method for preventing or treating cerebral apoplexy and cerebral arteriosclerosis" disclosed in WO 97/37688 and CA 125:25882 (1996); the "method for preventing or treating cerebrovascular insufficiency" disclosed in U.S. 5,332,831 and WO 94/11369; the "method for preventing or treating cerebral circulation disorder" disclosed in CA 127:39817 (1997); the "method for preventing or treating of cerebral infarction" disclosed in U.S. 6,248,729; and "method for preventing stroke and cerebrovascular lesions" disclosed in CA 119:62704 (1993). Further, these references do not teach or suggest the "preventing recurrence of cerebrovascular disorder" according to this invention.

As seen from the disclosure in page 2, line 24 to page 5, line 24 of the specification, medical treatment of cerebrovascular disorder is divided by a stage of diseases, and treatment at acute and subacute stages are greatly different from treatment at a chronic stage. In this respect, none of the references teaches or even remotely suggests any specific disease stage where an AII antagonist is effective. In contrast, in the present invention, the AII antagonist is used for preventing recurrence of cerebrovascular disorder at a chronic stage. This is clearly distinguished from the references.

Further, in the case of simply using the term "prevention" of cerebrovascular disorder, such a prevention is generally referred to the prevention of occurrence of the disease (primary prevention) rather than the prevention of recurrence of the disease (secondary prevention). Since there is no specific disclosure or suggestion about which is prevented, occurrence or recurrence, in the reference, it is reasonable to consider that the prevention in these references is directed to the primary prevention (prevention of occurrence) rather than the secondary prevention (prevention of recurrence). In contrast, the present invention is directed to the prevention of recurrence (secondary prevention). Thus, the references do not teach or suggest the present invention.

Claims 1-15 are also rejected under 35 U.S.C. §103 as being unpatentable over WO 97/37688 and Hasegawa et al..

Further, claims 1-4 and 10-15 are rejected under 35 U.S.C. §103 as being unpatentable over U.S. 5,332,831 or WO 94/11369 or CA 127:39817 or CA 125:25582 or CA 119:62704 and Hasegawa et al..

Moreover, claims 1-7 and 14-15 are rejected under 35 U.S.C. §103 as being unpatentable over U.S. 6,248,729.

These grounds of rejection are respectfully traversed as applied to the claims after the foregoing amendments.

1) Although the reference, Hasegawa et al., relied upon by the Examiner has been cited in the International Search Report, this is irrelevant to the present invention because this reference relates to rehabilitation of patents with cerebral infarction , and does not teach or suggest

amelioration of troubles following cerebral infarction or inhibition of progress thereof by a medicine.

Further, in this reference, there is no relevant disclosure to motivate a person skilled in the art to combine this reference with other references.

2) The Examiner states that "it is expected that agents which prevent cerebrovascular disorders would also be useful to treat the after effects". However, the Examiner's position is incorrect because, even if the occurrence of a disease can be prevented by a certain medicine, the medicine is not necessarily effective for treatment of the disease. In fact, as seen from page 7, lines 2 to 12 of the specification, conventional antihypertensives cannot be expected to ameliorate vascular lesions and may permit progress of cerebral ischemia. Therefore, even if a conventional hypertensive can prevent occurrence of cerebrovascular diseases, it cannot treat troubles following cerebrovascular diseases (e.g., nerve symptoms, mental symptoms, subjective symptoms, obstacles in ADL, etc.).

Thus it is clear that the references do not teach or suggest the claimed methods.

In view of the foregoing, it is respectfully submitted that the claims as amended are patentable over the teachings of the cited references. Accordingly, reconsideration and allowance is respectfully submitted.

Respectfully submitted,

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